| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |  |  |                            |                                  |              |                     | Application or Docket Number |             |                     |                        |
|--|--|---|--|--|----------------------------|----------------------------------|--------------|---------------------|------------------------------|-------------|---------------------|------------------------|
| Effective December 8, 2004   |  |   |  |  |                            |                                  |              | ·                   | 10/530630                    |             |                     |                        |
|  |  | CLAIMS A                                  | (Column 1) (Column 2)  |  |                            | Column 2)                        |              | SMALL ENT           | TITY                         | OR          | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES   |  |   | 22   |  | ·                          |                                  |              | RATE                | FEE                          |             | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |  | LARC                       | SE ENT. = \$ 300                 |              | BASIC FEE           | 150                          | OR          | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |  |                            | her situations =<br>100 / \$ 200 |              | EXAM. FEE           | 100                          |             | EXAM. FEE           | 7                      |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |  |                            | ther situations = 250 / \$ 500   |              | SEARCH FEE          | 50                           |             | SEARCH FEE          | /                      |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus  |  | / 50 =                     |                                  | X \$ 125 =   |                     |                              | X \$ 250 =/ |                     |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 22 min   | . 0  | Z                          |                                  | X \$ 25 =    | 50                  | OR                           | X \$ 50=    |                     |                        |
| INDEPENDENT CLAIMS   |  |   | ₹ mir  | nus 3 =                                      | . (                        | 5                                |              | X \$ 100 =          | 500                          | OR          | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRE   |  |   | ESENT  | N  |                            |                                  |              | + \$ 180 =          |                              | OR          | + 3 360 =           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |  |                            |                                  |              | TOTAL               | 850                          | OR          | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II OTHER THAN   |  |   |  |  |                            |                                  |              |                     |                              |             |                     | TC: 4 11               |
| (Column 1) (Column 2) (Column 3)   |  |   |  |  |                            |                                  |              | SMALL E             | NTITY                        | OR          | SMALL E             |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGH<br>NUM<br>PREVIO<br>PAID  |  | BER<br>DUSLY               | PRESENT<br>EXTRA                 |              | RATE                | ADDI,<br>TIONAL<br>FEE       |             | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 22                                      | Minus  | <u>"                                    </u> | 22                         | -0                               |              | X \$ 25 =           |                              | OR          | <b>X</b> \$ 50 =    |                        |
|  | Independent                                    | . 8                                       | Minus  | 8  |                            | - 6                              |              | X \$ 100 =          |                              | 9R          | X \$ 200 =          |                        |
| ,  |  | IULTIPLE DEPE                             | Lad  |  |                            |                                  | + \$ 180 =   |                     | OR                           | + \$ 360 =  | ·                   |                        |
| 1,5,10,15,16,19.20,22  |  |   |  |  |                            |                                  |              | TOTAL ADDIT.<br>FFF |                              | OR          | TOTAL ADDIT.<br>FFF |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |  |                            |                                  |              |                     |                              |             |                     |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          | HIGH   |  | BER PRESENT<br>OUSLY EXTRA |                                  |              | RATE                | ADDI-<br>TIONAL<br>FEE       |             | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **   |                            | =                                |              | X \$ 25 =           |                              | OR          | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus  | ***  |                            | =                                |              | X \$ 100 =          |                              | OR          | X \$ 200 =          |                        |
| ,  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                            |                                  | + \$ 180 =   |                     | OR                           | + \$ 360 =  |                     |                        |
|  |  |   |  | TOTAL ADDIT.<br>FFF                          |                            | OR                               | TOTAL ADDIT. |                     |                              |             |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |   |  |  |                            |                                  |              |                     |                              |             |                     |                        |
| ***  | If the "Highest Nu                             |   | ld For" IN THIS SPA  | ACE is les                                   | s than '3                  | ', enter "3".                    | 1 lm 18      |                     | u in aalum- a                |             |                     |                        |